

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Carmen Powell	COURT CASE NUMBER 07CV1836 JAH(JMA)
DEFENDANT Harinder Grewal Dr	TYPE OF PROCESS Summons and Complaint
SERVE <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> AT <div style="border: 1px solid black; padding: 5px; width: 20px; height: 20px; margin: 5px 0;"></div> </div> <div> Harinder Grewal 3002 Armstrong St, San Diego, Ca 92111 </div> </div>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC./TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) DISTRICT OF CALIFORNIA

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

372 Bay Leaf Dr
Chula Vista, Ca 91910
Carmen Powell

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

1

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

858 277-9550 ex 229
only there on Monday

RECEIVED
 DEC 27 A 1:40
 U.S. MARSHAL
 SOUTHERN DISTRICT
 CALIFORNIA

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

619 420-4204

DATE

12/27/07**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated.
 (Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

98

District to Serve

98

Signature of Authorized USMS Deputy or Clerk

U. Scott

Date

12/27/07

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Pamela Hansen, LCSW

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

1415

Time

12/31/07

am

pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: